EXPIRATION DATE

This certificate is for "Educational Institutions...and persons engaged in Commercial, Industrial, or Agricultural Activities." Hobbyists and personal pet owners are NOT eligible. This application is for the purpose of establishing your qualifications under Section 80.133 of Title 10 Regulations which can be viewed online at http://www.health.state.ny.us/regulations. You must indicate all proof of engagement in a business enterprise.

COMPLETE ALL SECTIONS

1. ACTIVITY TYPE-Check category for which you are applying (Must send proof)

EDUCATIONAL INSTITUTION COMMERCIAL ACTIVITY INDUSTRIAL ACTIVITY AGRICULTURAL ACTIVITY 2. APPLICANT INFORMATION Name _____D/B/A (If Applicable)_____ Address City State Zip County_____Phone____ Has a D/B/A Certificate or a Certificate of Incorporation been filed with the County Clerk or the Secretary of State? Yes Date Filed____/____ Copy Enclosed No Have you or your business been convicted, fined, censured or had a license suspended or revoked in any administrative or judicial proceeding pertaining to controlled substances or other drugs? Yes Attach a sheet with complete explanation No 3. FACILITY INFORMATION **OWNERSHIP** INDIVIDUAL - Specify Reason for Need to Possess Hypodermic Syringes and PARTNERSHIP - Give Federal Employee Identification Number used for business or tax purposes_____ CORPORATION - Give Federal Employee Identification Number used for business or tax purposes_____ Date Acquired by Applicant___/___/ Date Established___/___/ **4. CERTIFICATIONS**-List all licenses, certificates or registrations you or your business currently hold

NUMBER

ISSUING AGENCY

5.	AU	AUTHORIZED INDIVIDUALS					
	A)	Person to be responsible for supervising the use of	of syringes and	needles	S		
		Name	Title				
	B)	B) List the individuals responsible for the custody of syringes and needles					
		Name	Title				
		Name	Title				
		(Attach additional sheet with names and titles if necessary)					
	C)	C) Specify location where syringes and needles will be used					
	D)	D) Purpose for the use of syringes and needles					
	E)	Indicate the maximum annual usage of Syringes_		Ne	edles	3	
6.	SECURITY OF SYRINGES AND NEEDLES						
	A) Identify type of cabinet to be used for storage of syringes and needles						
	B)	B) Identify location of cabinet					
	C)	C) Identify type of locks to be used					
7.	CERTIFICATE OF APPLICANT						
	Under the penalties of perjury, I affirm that the statements herein are true and that I will comply with						
	NYCRR Title 10, Section 80.133 of New York State Rules and Regulations.						
	Pri	nt Name	_				
	Signature						
	Tit	le	Date	/		/	

Mail completed form to: Bureau of Narcotic Enforcement 433 River Street, Suite 303 Troy, NY 12180 (518) 402-0707